

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SCALE NO.

FILED DATE

10/579/70

ATTORNEY

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT			AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5		3					55						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.	2		↓		↓				↓		↓		↓
TOTAL DEP.	20		←		←				←		←		←
TOTAL CLAIMS	22	[REDACTED]		[REDACTED]		[REDACTED]			[REDACTED]		[REDACTED]		[REDACTED]